



PRIVACY RELEASE FORM

Congressman Bob Menendez
New Jersey 13th District

Dear Congressman Menendez:

I give you permission to investigate my difficulties with:

(name of federal agency or issue)

I understand that this form is being used in compliance with the Freedom of Information Act and/or the Privacy Act of 1974.

Signature: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax Number (if available): _____

Email Address (if available): _____

Social Security Number or Applicable Case Number: _____

Date of Birth: _____

Briefly explain the issue in which you are requesting my assistance (or attach letter): _____

Please return this form & all necessary supporting documents to: Congressman Bob Menendez

JERSEY CITY OFFICE	PERTH AMBOY OFFICE	BAYONNE OFFICE	UNION CITY OFFICE
911 Bergen Avenue	263 Hobart Street	654 Avenue C	3109 Bergenline Ave (2nd Floor)
Jersey City, NJ 07306	Perth Amboy, NJ 08861	Bayonne, NJ 07002	Union City, NJ 07087
Fax: (201) 222-0188	Fax: (732) 324-7470	Fax: (201) 858-7139	Fax: (201) 617-1612
Phone: (201) 222-2828	Phone: (732) 324-6212	Phone: (201) 823-2900	Phone: (201) 558-0800